Cancer Waiting Times in NHSScotland
1 January to 31 March 2019

Publication date
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Find out more about National Statistics at:
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Introduction

Waiting times are important to patients and are a measure of how the NHS is responding to demand for services. Measuring and regular reporting of waiting times highlight where there are delays in the system and enables monitoring of the effectiveness of NHSScotland’s performance. Information Services Division (ISD) Scotland continues to be committed to improving the information on waiting times along with our key stakeholders, the NHS Boards and the Scottish Government.

This publication focuses on the two current cancer waiting times standards:

- **62 day standard** from receipt of referral to start of treatment for newly diagnosed primary cancers. This applies to:
  - Patients urgently referred with a suspicion of cancer by a primary care clinician
  - Screened positive patients referred through a national cancer screening programme
  - Direct referral to hospital where the signs and symptoms are consistent with the cancer diagnosed as per the Scottish Referral Guidelines e.g. self-referral to A&E
- **31 day standard** from decision to treat to start of treatment for newly diagnosed primary cancers (whatever their route of referral).

Information for the 62 day standard is presented by NHS Board area of receipt of referral and information for the 31 day standard is presented by NHS Board of area of first treatment.

Details about previous cancer waiting times standards can be found on the Cancer Waiting Times section of our website. The cancer waiting times standards are applicable to adult (over 16 years of age at date of diagnosis) NHSScotland patients with a newly diagnosed primary cancer. Performance is monitored on the following cancer types:

- Breast
- Colorectal
- Head & neck
- Lung
- Lymphoma
- Ovarian
- Melanoma
- Upper Gastro-Intestinal (hepato-pancreato-biliary and oesophago-gastric)
- Urological (prostate, bladder, other)
- Cervical

Non-standard technologies are technologies which are not accessible to all users. This is considered inequitable and penalises those NHS Boards that provide additional services and have the burden of responsibility for providing first treatment for meeting the 31-day standard. Where this occurs, waiting times adjustments can be made to the waiting time for the patient.
The list of current Non-Standard Technologies and the adjustments that can be made is reviewed annually. The list was last reviewed with effect from 1 April 2018, based on date of first treatment, and identifies type of treatment by tumour site and whether an adjustment can be applied. Guidance is available on the Cancer Waiting Times web pages. This may affect the comparison of waiting times before and after 1 April 2018.

A 5% tolerance level is applied to these standards (i.e. 95% meeting the waiting time standard rather than 100%), as for some patients, it may not be clinically appropriate for treatment to begin within the standard's time.

When making comparisons across Scotland, it should be noted that in smaller NHS Boards, particularly Island Boards, substantial quarter-on-quarter fluctuations in the percentage of patients that started treatment may represent the pathway of only one or two patients. Further, 90th percentiles have only been calculated where there are forty or more eligible patients within a population, due to the statistical aberration resulting from percentiles based on very small numbers.

Some data may not yet be finalised by NHS Boards and may be subject to change in future publications. However, this publication is considered to give a reasonable reflection of the current position. Previously released information can be revised to reflect ongoing work by NHS Boards to improve data quality. Specific information on data quality and accuracy is listed within the Data Quality section in Appendix 2. Information on any revisions to previously published figures is provided in the Revisions relevant to this publication section of the metadata in Appendix 3.

Previous 31 and 62 day standards are both included as performance measures in HEAT for data up to 31 March 2011. Further information on the HEAT Performance Measures can be found on the ISD NHSScotland Performance LDP web pages and the Scottish Government Scotland Performs LDP web pages.

In May 2018, the Scottish Government published a Clinical Review of Cancer Waiting Times Standards in Scotland, it is available at http://www.gov.scot/Publications/2018/05/4685/0
Main Points

The **62 Day Standard** states that 95% of patients urgently referred with a suspicion of cancer will wait a maximum of 62 days from referral to first cancer treatment. In the period January to March 2019:

- 81.4% of patients started treatment within the 62 day standard, a decrease from 82.7% in the previous quarter.
- The 62 day standard was met by three NHS Boards: NHS Lanarkshire, NHS Orkney, and NHS Shetland.
- None of the 10 reported cancer types met the 62 day standard.

The **31 Day Standard** states that 95% of all patients will wait no more than 31 days from decision to treat to first cancer treatment. In the period January to March 2019:

- 94.9% of patients started treatment within the 31 day standard, the same as in the previous quarter.
- The 31 day standard was met by ten of the 15 NHS Boards: NHS Ayrshire & Arran, NHS Borders, NHS Dumfries & Galloway, NHS Fife, NHS Forth Valley, NHS Golden Jubilee National Hospital, NHS Lanarkshire, NHS Orkney, NHS Shetland and NHS Western Isles.
- Seven of the 10 reported cancer types met the 31 day standard: colorectal, head & neck, lung, lymphoma, melanoma, ovarian and upper GI. Breast, cervical, and urological did not meet the 31 day standard.

Also view the Cancer Waiting Times [infographic summary](#).

**Figure 1: NHS Scotland performance against the 62 and 31 day standards**

![Figure 1](image-url)

*Note: Filled points indicate quarter in which standard was met.*

1. Figures based on data snapshot (18/05/2019).
Results and Commentary

Time from urgent referral with a suspicion of cancer to first cancer treatment - Performance against the 62 day standard

The 62 day waiting time standard from referral to first cancer treatment is applied to all patients referred urgently with a suspicion of cancer and for screened-positive patients. The quarterly statistics within this publication relate to the period January to March 2019 alongside data from the previous four quarters.

There were 3,692 eligible referrals within the 62-day standard in the period January to March 2019, an increase of 290 (8.5%) on the same period in 2018.

81.4% of eligible patients who were urgently referred with a suspicion of cancer started their first cancer treatment within 62 days of referral (Table 1a), a decrease from 82.7% in the previous quarter October to December 2018.

In the period January to March 2019, three NHS Boards met the 62 day standard: NHS Lanarkshire (96.0%), NHS Orkney (100.0%), and NHS Shetland (100.0%).

In the period January to March 2019, the 62 day standard was not met nationally for any of the 10 reported cancer types (Table 1b).

Cancer screening performance against the standard is as follows:

*Screened positive breast cancer patients*: 89.8% started treatment within 62 days of urgent referral with suspicion of cancer, a decrease from 93.7% in the previous quarter.

*Cervical screening programme*: 89.3% of referrals started treatment within 62 days of referral, an increase from 53.1% in the previous quarter.

*Colorectal screening programme*: 35.9% of referrals started treatment within 62 days of referral, a decrease from 41.6% in the previous quarter. (Table 1b)

During the period January to March 2019, half the patients received their first cancer treatment (median wait) within 43 days of referral whilst 9 out of 10 patients (90th percentile) received their first cancer treatment within 83 days; the comparable figures for the previous quarter are 43 days and 82 days respectively.

Further detail can be found in the attached spreadsheets (Table 1).
Table 1a. Performance against the 62 day standard: for all cancer types\(^1\), by NHS Board and Regional Cancer Network

**Period of treatment: 1 January to 31 March 2019\(^2\)**

<table>
<thead>
<tr>
<th>Area of receipt of referral</th>
<th>Number of eligible referrals</th>
<th>% treated within 62 days</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NHS Scotland</strong></td>
<td>3,692</td>
<td>81.4</td>
</tr>
<tr>
<td><strong>NOSCAN Total</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS Grampian</td>
<td>368</td>
<td>76.4</td>
</tr>
<tr>
<td>NHS Highland</td>
<td>222</td>
<td>74.8</td>
</tr>
<tr>
<td>NHS Orkney</td>
<td>8</td>
<td>100.0</td>
</tr>
<tr>
<td>NHS Shetland</td>
<td>10</td>
<td>100.0</td>
</tr>
<tr>
<td>NHS Tayside</td>
<td>233</td>
<td>88.4</td>
</tr>
<tr>
<td>NHS Western Isles</td>
<td>20</td>
<td>75.0</td>
</tr>
<tr>
<td><strong>SCAN Total</strong></td>
<td>960</td>
<td>82.9</td>
</tr>
<tr>
<td>NHS Borders</td>
<td>85</td>
<td>88.2</td>
</tr>
<tr>
<td>NHS Dumfries &amp; Galloway</td>
<td>103</td>
<td>92.2</td>
</tr>
<tr>
<td>NHS Fife</td>
<td>243</td>
<td>84.8</td>
</tr>
<tr>
<td>NHS Lothian</td>
<td>529</td>
<td>79.4</td>
</tr>
<tr>
<td><strong>WOSCANTotal</strong></td>
<td>1,871</td>
<td>81.3</td>
</tr>
<tr>
<td>NHS Ayrshire &amp; Arran</td>
<td>264</td>
<td>81.8</td>
</tr>
<tr>
<td>NHS Forth Valley</td>
<td>220</td>
<td>85.9</td>
</tr>
<tr>
<td>NHS Greater Glasgow &amp; Clyde(^3)</td>
<td>1,062</td>
<td>75.8</td>
</tr>
<tr>
<td>NHS Lanarkshire(^3)</td>
<td>325</td>
<td>96.0</td>
</tr>
</tbody>
</table>

Source: ISD

1. All cancer types for which waiting times data are recorded: breast, cervical, colorectal, head and neck, lung, lymphoma, melanoma, ovarian, upper GI and urological.
2. Figures based on data snapshot (18/05/2019).
3. Following the data snapshot (18/05/19) NHS Greater Glasgow & Clyde & NHS Lanarkshire reported changes, therefore the number of eligible referrals for NHS Greater Glasgow & Clyde should read 1,067 and the % treated within 62 days for Lanarkshire should read 96.3%. This does not affect NHS Greater Glasgow & Clyde or NHS Scotland performance. Further details can be found in Appendix 2.
Chart 1a: Number of referrals and performance against the 62 day standard: for all cancer types¹, by NHS Board and Regional Cancer Network

Period of treatment: 1 January to 31 March 2019²

¹ All cancer types for which waiting times data are recorded: breast, cervical, colorectal, head and neck, lung, lymphoma, melanoma, ovarian, upper GI, and urological.
² Figures based on data snapshot (18/05/2019).
³ Following the data snapshot (18/05/19) NHS Greater Glasgow & Clyde & NHS Lanarkshire reported changes, therefore the number of eligible referrals for NHS Greater Glasgow & Clyde should read 1,067 and the % treated within 62 days for Lanarkshire should read 96.3%. This does not affect NHS Greater Glasgow & Clyde or NHS Scotland performance. Further details can be found in Appendix 2.
### Table 1b: Performance in NHSScotland against the 62 day standard, by cancer type¹ (including screened positive patients)

Period of treatment: 1 January to 31 March 2019²

<table>
<thead>
<tr>
<th>Cancer type</th>
<th>Number of eligible referrals</th>
<th>% treated within 62 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Cancer Types*</td>
<td>3,692</td>
<td>81.4</td>
</tr>
<tr>
<td>All Cancer Types* (screened excluded)</td>
<td>3,042</td>
<td>82.6</td>
</tr>
<tr>
<td>All Cancer Types* (screened only)</td>
<td>650</td>
<td>75.7</td>
</tr>
<tr>
<td>Breast³</td>
<td>942</td>
<td>88.3</td>
</tr>
<tr>
<td>Breast (screened excluded)</td>
<td>490</td>
<td>86.9</td>
</tr>
<tr>
<td>Breast (screened only)</td>
<td>452</td>
<td>89.8</td>
</tr>
<tr>
<td>Cervical</td>
<td>40</td>
<td>90.0</td>
</tr>
<tr>
<td>Cervical (screened excluded)</td>
<td>12</td>
<td>91.7</td>
</tr>
<tr>
<td>Cervical (screened only)</td>
<td>28</td>
<td>89.3</td>
</tr>
<tr>
<td>Colorectal³</td>
<td>576</td>
<td>66.5</td>
</tr>
<tr>
<td>Colorectal (screened excluded)</td>
<td>406</td>
<td>79.3</td>
</tr>
<tr>
<td>Colorectal (screened only)</td>
<td>170</td>
<td>35.9</td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>134</td>
<td>84.3</td>
</tr>
<tr>
<td>Lung³</td>
<td>554</td>
<td>92.1</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>99</td>
<td>90.9</td>
</tr>
<tr>
<td>Melanoma</td>
<td>151</td>
<td>87.4</td>
</tr>
<tr>
<td>Ovarian³</td>
<td>77</td>
<td>93.5</td>
</tr>
<tr>
<td>Upper GI</td>
<td>392</td>
<td>90.3</td>
</tr>
<tr>
<td>Urological³</td>
<td>727</td>
<td>66.3</td>
</tr>
</tbody>
</table>

Source: ISD

1. All cancer types for which waiting times data are recorded: breast, cervical, colorectal, head and neck, lung, lymphoma, melanoma, ovarian, upper GI and urological.
2. Figures based on data snapshot (18/05/2019).
3. Following the data snapshot (18/05/19) NHS Greater Glasgow & Clyde & NHS Lanarkshire reported changes, the number of eligible colorectal referrals should read 577 of which 66.6% met the standard, the number of eligible lung referrals is now 558 of which 91.9% met the standard, the number of eligible ovarian referrals is now 78 of which 93.6% met the standard, and the number of eligible urological referrals is now 726 of which 66.3% met the standard. This does not affect the NHS Scotland overall performance. Further details can be found in Appendix 2.
Chart 1b: Number of referrals and performance in NHSScotland against the 62 day standard, by cancer type¹ (including screened positive patients)

Period of treatment: 1 January to 31 March 2019²

1. All cancer types for which waiting times data are recorded: breast, cervical, colorectal, head and neck, lung, lymphoma, melanoma, ovarian, upper GI, and urological.
2. Figures based on data snapshot (18/05/2019).
3. Following the data snapshot (18/05/19) NHS Greater Glasgow & Clyde & NHS Lanarkshire reported changes, the number of eligible colorectal referrals should read 577 of which 66.6% met the standard, the number of eligible lung referrals is now 558 of which 91.9% met the standard, the number of eligible ovarian referrals is now 78 of which 93.6% met the standard, and the number of eligible urological referrals is now 726 of which 66.3% met the standard. This does not affect the NHS Scotland overall performance. Further details can be found in Appendix 2.
Exclusions and Waiting Time Adjustments (62 day standard)

Of all urgent referrals with a suspicion of cancer submitted in Scotland during January to March 2019, 103 (3%) were excluded from the standard performance calculations due to clinical reasons, or because the patient died before treatment or refused all treatment.

As part of a patient's treatment pathway there can be delays outwith the NHS Board's control, and in these cases waiting times adjustments can be made to discount periods of patient unavailability and medical suspensions. These adjustments can be made in cases where the patient did not attend an appointment, cancelled an appointment, deferred an appointment, or was suffering from a short term illness. There are other patient-induced suspension and medical suspension which may be applied.

During January to March 2019, there were 1,618 adjustments made to the waiting times - 505 instances of patient unavailability and 1,113 instances of medical suspension. Further detail can be found in Table 3.
Time from the date of decision to treat to first cancer treatment -
Performance against the 31 day standard

The 31 day standard applies to all eligible patients, regardless of the route of referral.

There were 6,245 eligible referrals within the 31-day standard in the period January to March 2019, an increase of 409 (7.0%) on the same period in 2018.

94.9% of eligible patients who had a decision to treat had their first cancer treatment within 31 days of referral (Table 2a), the same as in the previous quarter.

In the period January to March 2019, 10 of the 15 NHS Boards met the 31 day standard. The 5 that did not were NHS Tayside (90.6%), NHS Grampian (92.8%), NHS Highland (93.2%), NHS Greater Glasgow & Clyde (94.5%), and NHS Lothian (94.9%).

In the period January to March 2019, seven of the ten cancer types met the 31 day standard at the Scotland-level. The cancer types that did not were breast, cervical, and urological (Table 2b).

Cancer screening performance against the standard is as follows:

Screened positive breast cancer patients: 85.6% started treatment within 62 days of urgent referral with suspicion of cancer, a decrease from 91.5% in the previous quarter.

Cervical screening programme: 92.9% of referrals started treatment within 62 days of referral, an increase from 100% in the previous quarter.

Colorectal screening programme: 94.8% of referrals started treatment within 62 days of referral, a decrease from 93.5% in the previous quarter (Table 2b).

During the period January to March 2019, half the patients received their first cancer treatment (median wait) within 5 days of the date of decision to treat whilst 9 out of 10 patients (90th percentile) received their first cancer treatment within 27 days; the same as in the previous quarter.

Further detail can be found in the attached spreadsheets (Table 1).
### Table 2a. Performance against the 31 day standard: for all cancer types\(^1\), by NHS Board and Regional Cancer Network

**Period of treatment: 1 January to 31 March 2019\(^2\)**

<table>
<thead>
<tr>
<th>Area of first treatment</th>
<th>Number of eligible referrals</th>
<th>% treated within 31 days</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NHS Scotland</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6,245</td>
<td>94.9</td>
</tr>
<tr>
<td><strong>NOSCAN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1,559</td>
<td>92.4</td>
</tr>
<tr>
<td>NHS Grampian</td>
<td>685</td>
<td>92.8</td>
</tr>
<tr>
<td>NHS Highland</td>
<td>337</td>
<td>93.2</td>
</tr>
<tr>
<td>NHS Orkney</td>
<td>8</td>
<td>100.0</td>
</tr>
<tr>
<td>NHS Shetland</td>
<td>13</td>
<td>100.0</td>
</tr>
<tr>
<td>NHS Tayside</td>
<td>499</td>
<td>90.6</td>
</tr>
<tr>
<td>NHS Western Isles</td>
<td>17</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>SCAN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1,625</td>
<td>95.3</td>
</tr>
<tr>
<td>NHS Borders</td>
<td>102</td>
<td>100.0</td>
</tr>
<tr>
<td>NHS Dumfries &amp; Galloway</td>
<td>154</td>
<td>95.5</td>
</tr>
<tr>
<td>NHS Fife</td>
<td>335</td>
<td>95.2</td>
</tr>
<tr>
<td>NHS Lothian</td>
<td>1,034</td>
<td>94.9</td>
</tr>
<tr>
<td><strong>WOSCAN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2,971</td>
<td>95.8</td>
</tr>
<tr>
<td>NHS Ayrshire &amp; Arran</td>
<td>344</td>
<td>98.3</td>
</tr>
<tr>
<td>NHS Forth Valley</td>
<td>278</td>
<td>97.8</td>
</tr>
<tr>
<td>NHS Greater Glasgow &amp; Clyde(^3)</td>
<td>1,832</td>
<td>94.5</td>
</tr>
<tr>
<td>NHS Lanarkshire</td>
<td>517</td>
<td>97.3</td>
</tr>
<tr>
<td><strong>Golden Jubilee National Hospital</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>90</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: ISD

---

1. All cancer types for which waiting times data are recorded: breast, cervical, colorectal, head and neck, lung, lymphoma, melanoma, ovarian, upper GI and urological.

2. Figures based on data snapshot (18/05/2019).

3. Following the data snapshot (18/05/19) NHS Greater Glasgow & Clyde reported changes, therefore the number of eligible referrals for NHS Greater Glasgow should read 1,830 (94.6%). This does not affect WOSCAN or NHS Scotland’s performance.
Chart 2a: Number of referrals and performance against the 31 day standard: for all cancer types, by NHS Board and Regional Cancer Network

Period of treatment: 1 January to 31 March 2019

1. All cancer types for which waiting times data are recorded: breast, cervical, colorectal, head and neck, lung, lymphoma, melanoma, ovarian, upper GI, and urological.

2. Figures based on data snapshot (18/05/2019).

3. Following the data snapshot (18/05/19) NHS Greater Glasgow & Clyde reported changes, therefore the number of eligible referrals for NHS Greater Glasgow should read 1,830 (94.6%). This does not affect WOSCAN or NHS Scotland’s performance.
Table 2b: Performance in NHSScotland against the 31 day standard, by cancer type\(^1\) (including screened positive patients)

<table>
<thead>
<tr>
<th>Cancer type</th>
<th>Number of eligible referrals</th>
<th>% treated within 31 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Cancer Types*</td>
<td>6,245</td>
<td>94.9</td>
</tr>
<tr>
<td>All Cancer Types* (screened excluded)</td>
<td>5,595</td>
<td>95.6</td>
</tr>
<tr>
<td>All Cancer Types* (screened only)</td>
<td>650</td>
<td>88.3</td>
</tr>
<tr>
<td>Breast(^3)</td>
<td>1,237</td>
<td>92.1</td>
</tr>
<tr>
<td>Breast (screened excluded)</td>
<td>787</td>
<td>95.8</td>
</tr>
<tr>
<td>Breast (screened only)</td>
<td>450</td>
<td>85.6</td>
</tr>
<tr>
<td>Cervical</td>
<td>70</td>
<td>92.9</td>
</tr>
<tr>
<td>Cervical (screened excluded)</td>
<td>42</td>
<td>92.9</td>
</tr>
<tr>
<td>Cervical (screened only)</td>
<td>28</td>
<td>92.9</td>
</tr>
<tr>
<td>Colorectal(^3)</td>
<td>847</td>
<td>94.9</td>
</tr>
<tr>
<td>Colorectal (screened excluded)</td>
<td>675</td>
<td>95.0</td>
</tr>
<tr>
<td>Colorectal (screened only)</td>
<td>172</td>
<td>94.8</td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>285</td>
<td>98.2</td>
</tr>
<tr>
<td>Lung(^3)</td>
<td>1,066</td>
<td>97.2</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>261</td>
<td>99.6</td>
</tr>
<tr>
<td>Melanoma</td>
<td>306</td>
<td>98.0</td>
</tr>
<tr>
<td>Ovarian(^3)</td>
<td>121</td>
<td>99.2</td>
</tr>
<tr>
<td>Upper GI</td>
<td>618</td>
<td>98.7</td>
</tr>
<tr>
<td>Urological(^3)</td>
<td>1,434</td>
<td>91.4</td>
</tr>
</tbody>
</table>

Source: ISD

1. All cancer types for which waiting times data are recorded: breast, cervical, colorectal, head and neck, lung, lymphoma, melanoma, ovarian, upper GI and urological.
2. Figures based on data snapshot (18/05/2019).
3. Following the data snapshot (18/05/19) NHS Greater Glasgow & Clyde reported changes, therefore the number of eligible referrals for breast, colorectal, lung, ovarian and urological cancers should read 1,237 (92.2%), 847 (95.0%), 1,066 (97.0%), 122 (99.2%) and 1,431 (91.4%), respectively. This does not affect All Cancer Types performance. Further details can be found in Appendix 2.
Chart 2b: Number of referrals and performance in NHSScotland against the 31 day standard, by cancer type¹ (including screened positive patients)

Period of treatment: 1 January to 31 March 2019²

1. All cancer types for which waiting times data are recorded: breast, cervical, colorectal, head and neck, lung, lymphoma, melanoma, ovarian, upper GI, and urological.
2. Figures based on data snapshot (18/05/2019).
3. Following the data snapshot (18/05/19) NHS Greater Glasgow & Clyde reported changes, therefore the number of eligible referrals for breast, colorectal, lung, ovarian and urological cancers should read 1,237 (92.2%), 847 (95.0%), 1,066 (97.0%), 122 (99.2%) and 1,431 (91.4%), respectively. This does not affect All Cancer Types performance. Further details can be found in Appendix 2.
Exclusions and Waiting Times Adjustments (31 day standard)

In the period January to March 2019, 132 (2%) patients were excluded from the 31 day standard performance calculations due to clinical reasons, or because the patient either died before treatment or refused all treatment.

As part of a patient's treatment pathway there can be delays outwith the NHS Board's control, and in these cases waiting times adjustments can be made to discount periods of patient unavailability and medical suspensions. These adjustments can be made in cases where the patient did not attend an appointment, cancelled an appointment, deferred an appointment, or was suffering from a short term illness. There are other patient-induced suspension and medical suspension which may be applied.

In the period January to March 2019, there were 708 adjustments made to the waiting times - 182 instances of patient unavailability and 526 instances of medical suspension. Further detail can be found in Table 3.
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eligible referral (62 day)</strong></td>
<td>Urgent referral submitted with a suspicion of cancer by a GP or GDP, or direct referral to hospital (self, GP, or NHS 24 referral to A&amp;E or other), or referral from a National Cancer Screening Programme, excluding patients who had a clinically complex pathway, who died before treatment or refused treatment.</td>
</tr>
<tr>
<td><strong>Eligible referral (31 day)</strong></td>
<td>All referrals (urgent and non-urgent) submitted from all sources (regardless of route of referral), excluding patients who had a clinically complex pathway, who died before treatment or refused treatment.</td>
</tr>
<tr>
<td><strong>Exclusion</strong></td>
<td>Patients who had a particularly complex clinical pathway, died before treatment or who refused treatment.</td>
</tr>
<tr>
<td><strong>GP/GDP Practitioner /General dental practitioner</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Median wait</strong></td>
<td>The middle value of (Referral to Treatment days for 62 day standard or date of Decision to Treat to Treatment days for 31 day standard), with half of patients waiting less than that time, and half waiting more than that time. Medians are only calculated when there are three or more eligible patients.</td>
</tr>
<tr>
<td><strong>Non-urgent referrals</strong></td>
<td>Referrals submitted where the source of referral is “GP/GDP referral other” or “Other”.</td>
</tr>
<tr>
<td><strong>NOSCAN North of Scotland CAncer Network.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Percentile</strong></td>
<td>The value of a variable below which a certain percent of observations fall. For example, the 90th percentile is the value (referral-to-treatment days) below which 90 percent of the waits may be found. The 50th percentile is also known as the median. 90th percentiles have only been calculated when there are forty or more eligible patients.</td>
</tr>
<tr>
<td><strong>Referral</strong></td>
<td>A request to a care professional, team, service or organisation to provide appropriate care to a patient/client. A referral may be made by a person, team, service or organisation on behalf of a patient/client, or a patient/client may refer him/herself.</td>
</tr>
<tr>
<td><strong>SCAN South East Scotland CAncer Network.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total referrals submitted</strong></td>
<td>All referrals (urgent and non-urgent) submitted from all sources, i.e. regardless of the route of referral.</td>
</tr>
<tr>
<td><strong>Upper GI</strong></td>
<td>Upper Gastrointestinal.</td>
</tr>
<tr>
<td><strong>Urgent referral</strong></td>
<td>Referral submitted with a suspicion of cancer by a GP or GDP, or direct referral to hospital (self, GP or NHS 24 referral to A&amp;E or other), or referral from a National Cancer Screening Programme.</td>
</tr>
<tr>
<td><strong>Waiting times adjustment</strong></td>
<td>An adjustment (in days) applied to take into account periods of patient unavailability (e.g. because the patient did not attend an appointment) and/or medical suspension (e.g. the patient had another condition)</td>
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</table>
requiring treatment before cancer treatment could be started). Waiting Times adjustments are not made when delays are caused by hospital operational circumstances.

WOSCAN West of Scotland CAncer Network.
## List of Tables

<table>
<thead>
<tr>
<th>File name</th>
<th>File and size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance to standard</td>
<td>Excel 592 Kb</td>
</tr>
<tr>
<td>Distribution of waits</td>
<td>Excel 1,326 Kb</td>
</tr>
<tr>
<td>Exclusion and waiting times adjustments</td>
<td>Excel 138 Kb</td>
</tr>
<tr>
<td>Trend chart</td>
<td>Excel 1,497 Kb</td>
</tr>
</tbody>
</table>
Contact

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Further Information

Further Information can be found on the ISD website. For more information on Cancer Waiting Times see the Cancer Waiting Times section of our website. Published Cancer Waiting Times data is now available to access via the open data website. For related topics, please see the Waiting Times pages.

The next release of this publication will be 24 September 2019.

Rate this publication

Please provide feedback on this publication to help us improve our services.
Appendices

Appendix 1 – Background information
Data Collection and guidance

Cancer Waiting Times data are collected by cancer trackers and administrative staff (including medical secretaries) across NHSScotland, which are then recorded onto the NHS Boards’ cancer tracking systems.

Each NHS Board submits a monthly file which contains episode-level records for each newly diagnosed primary cancer referral, which began treatment in the previous calendar month, for which they were the Board of receipt of referral. Only patients with a valid CHI number can be submitted. Each record contains demographic information about the patient, key time points in the pathway (date of receipt of referral, date of decision to treat and date of first treatment), information on diagnosis and treatment, main reason for any adjustments to the waiting time, and main reason for any breaches of the 62 and 31 day standard.

The adjusted waiting time in days and the total of any waiting times adjustments in days is calculated by NHS Boards for each record. Each record also contains a flag for whether it meets any of the exclusion criteria (complex clinical pathway, died before treatment or who refused treatment).

Each quarter NHS Boards can resubmit monthly data to allow the most up to date information to be used for publication. This information is then validated and loaded onto the Cancer Waiting Times database to allow data interrogation and reporting.

Performance against the targets set out in Better Cancer Care – An Action Plan was achieved by March 2011; the timescale agreed by the Scottish Government. These targets are treated as National Standards from 1st April 2012 and continue to be monitored on a monthly and quarterly basis.

In June 2016 the Scottish Government published Beating Cancer: Ambition and Action.
Appendix 2 – Data Quality & Service Issues

This section provides information on the quality of data supplied by NHS Boards to ISD. ISD routinely seeks clarification from NHS Boards for example where there may be large changes in numbers, unusual patterns in the data or changes in trends. These changes may be influenced by a variety of factors, including service changes/reconfiguration or data recording changes. The information below highlights where NHS Boards have provided comments on their data quality to ISD for this publication at the quality assurance stage.

It should be noted that in some cases where the 62 or 31 day standards have not been met for some cancer types this is partially due to small number of cases within individual Boards.

a) Data Quality Issues

NHS Ayrshire & Arran
No issues reported.

NHS Borders
No issues reported.

NHS Dumfries and Galloway
No issues reported.

NHS Fife
No issues reported.

NHS Forth Valley
No issues reported.

NHS Golden Jubilee National Hospital
No issues reported.

NHS Grampian
No issues reported.

NHS Greater Glasgow & Clyde

For 62-day:

Overall figure for eligible 62 day cases is now 1,067 of which 809 met the standard, so percentage met is 75.8%.

- Colorectal: Number of eligible referrals is now 152 of which 85 met the standard (55.9%).
- Lung: Number of eligible referrals is now 145 of which 127 met the standard (87.6%).
- Ovarian: Number of eligible referrals is now 24 of which 24 met the standard (100%).
- Urological: Number of eligible referrals is now 195 of which 107 met the standard (54.9%).
For 31-day:
Overall figure for eligible 31 day cases is now 1,830 of which 1732 met the standard, so percentage met is 94.6%.

- Breast: Number of eligible referrals is now 385 of which 327 met the standard (84.9%).
- Colorectal: Number of eligible referrals is now 225 of which 219 met the standard (97.3%).
- Lung: Number of eligible referrals is now 268 of which 259 met the standard (96.6%).
- Ovarian: Number of eligible referrals is now 51 of which 51 met the standard (100%).
- Urological: Number of eligible referrals is now 399 of which 376 met the standard (94.2%).

**NHS Highland**
No comments provided.

**NHS Lanarkshire**
On further review of figures, it was found a tracker had failed to apply waiting times adjustment for a Breast patient we had reported as 62 day Breach. The patient was in fact treated within time. Therefore the number of eligible referrals treated within the 62 day standard is now 58 (100%).

**NHS Lothian**
No issues reported.

**NHS Orkney**
No issues reported.

**NHS Shetland**
No issues reported.

**NHS Tayside**
No issues reported.

**NHS Western Isles**
No issues reported.
b) General Service Issues

NHS Ayrshire & Arran

1) Staffing issues

Annual leave within cancer tracking results in cross-cover of workload and delay to closing off tracking when patients have had treatment. Breast Consultant annual leave over Easter - reduction in clinic capacity.

2) Equipment issues

No issues reported.

3) Facilities issues

No issues reported.

4) Pathways issues

Colonoscopy capacity challenges with the demand greater than the capacity, work is ongoing to address this via National Endoscopy Plan.

5) Other general services issues

No issues reported.

NHS Borders

1) Staffing issues

Staffing issues outwith NHS Borders account for one breach for NHS Borders Urology figures. Staffing issues within NHS Borders account for the other one breach of NHS Borders Urology figures.

2) Equipment issues

No issues reported.

3) Facilities issues

Capacity issues account for long waits to Colonoscopy for Colorectal patients.

4) Pathways issues

No issues reported.

5) Other general services issues

No issues reported.
NHS Dumfries and Galloway

1) **Staffing issues**
   No issues reported.

2) **Equipment issues**
   No issues reported.

3) **Facilities issues**
   No issues reported.

4) **Pathways issues**
   No issues reported.

5) **Other general services issues**
   No issues reported.

NHS Fife

1) **Staffing issues**
   Consultant retirement in breast have impacted on performance. A cross Board plan is in place to reduce delays.
   Renal surgery delays due to a sole operator and increased numbers. Additional weekend sessions secured. Backlog reduced.
   Delays to MDT in NHS Lothian for HPB resulted in breaches. No further issues reported.
   Staffing issues in outwith Fife resulted in delay to surgical treatment for Head & Neck and Lung.
   Lack of capacity in haematology. Additional consultant and Advanced Nurse Practitioner to be recruited.

2) **Equipment issues**
   FDG contrast issue in outwith Fife resulting in delays to PET. Cross Board plan in place to ensure adequate supplies.

3) **Facilities issues**
   Delays to diagnostic interventions for prostate patients.
   Delays to 1st OPA and surgery for breast patients due to consultant retirement.

4) **Pathways issues**
   Routine staging and investigations contributed to breaches due to the number of necessary steps involved on the patient pathway without significant delay.
A Urology Improvement Group has been set up to review the prostate pathway. Challenging pathways are under review.

5) **Other general services issues**

No issues reported.

**NHS Forth Valley**

1) **Staffing issues**

NHS Forth Valley’s is facing ongoing recruitment challenges to Breast radiology which has an impact on all services particularly the breast service where we are now moving towards a joint Breast radiology appointments with NHS Lanarkshire. NHS Lanarkshire is also supporting NHS Forth Valley with the provision of a Head & Neck Consultant to assist with their ENT Service. Currently have vacancies within the pathology department which can impact on the turnaround time for reports.

2) **Equipment issues**

Delays to PET scan being carried out in NHS Greater Glasgow & Clyde due to a lack of isotope.

3) **Facilities issues**

No issues reported.

4) **Pathways issues**

The Clinical & management teams continue to review and redesign cancer pathways where possible to address particular areas of challenge eg waits to first appointment in Respiratory & Dermatology and waits for Urology & Colorectal diagnostics, waits for surgery.

**Breast**: As mentioned above NHS Forth Valley have been experiencing difficulties around radiology which has had an impact on both the diagnostic and theatre component of the patient's pathway. This has improved significantly over the latter part of the quarter.

**Colorectal & Bowel screening Pathway**: Similar to the rest of Scotland we have experienced an increase in Bowel screening referrals which has had an impact on the wait for colonoscopy.

**Urology Pathway**: NHS Forth Valley continues to work closely with NHS Greater Glasgow & Clyde to mitigate delays in Urology oncology appointments and surgery.

**Head & Neck Pathway**: NHS Forth Valley are working alongside NHS Lanarkshire to diagnose and treat these patients which has resulted in patients waiting slightly longer than the 62 Days, some which links to workforce challenges around ENT.

**Lung Pathway**: The removal of certain treatments from the non-standard technologies list means a waiting times adjustment can no longer be applied for treatments like SABR which has a longer planning process than standard radiotherapy and this has
resulted in more breachers. The other teams are reviewing their pathway and making changes where possible to improve their 62 Day Target percentage.

5) **Other general services issues**

No issues reported.

**NHS Golden Jubilee National Hospital**

1) **Staffing issues**

No issues reported.

2) **Equipment issues**

No issues reported.

3) **Facilities issues**

No issues reported.

4) **Pathways issues**

No issues reported.

5) **Other general services issues**

No issues reported.

**NHS Grampian**

1) **Staffing issues**

NHSG continues to operate with a significant number of nursing vacancies. These impact on all services but in particular with regard to theatre access. Long standing issues regarding Consultant Pathologist / Breast Surgeon and Breast radiologists’ availability.

2) **Equipment issues**

No issues reported.

3) **Facilities issues**

No issues reported.

4) **Pathways issues**

Similar to other NHS Boards we have significant issues with access for screening colonoscopy. As above access to theatre is an issue particularly in the urology pathway.
5) Other general services issues
   No issues reported.

NHS Greater Glasgow & Clyde
1) Staffing issues
   Vacancies within radiology have impacted waiting times, in particular breast waiting times.

2) Equipment issues
   No issues reported.

3) Facilities issues
   No issues reported.

4) Pathways issues
   Increase in Bowel Screening referrals since introduction of FIT has created significant pressure on diagnostic bowel screening colonoscopy and increased waiting time for this procedure

5) Other general services issues
   No issues reported.

NHS Highland
1) Staffing issues
   No issues reported.

2) Equipment issues
   No issues reported.

3) Facilities issues
   No issues reported.

4) Pathways issues
   No issues reported.

5) Other general services issues
No issues reported.

**NHS Lanarkshire**

1) **Staffing issues**
   
   No issues reported.

2) **Equipment issues**
   
   No issues reported.

3) **Facilities issues**
   
   No issues reported.

4) **Pathways issues**
   
   Ovarian pathway has impacted on performance for NHSL for the 62 day standard. This is due to patients being required to go to Glasgow to the Regional service for surgery. Regional challenges around workforce are impacting on timely management and delivery of treatment. Some patients are waiting up to 6 weeks.

5) **Other general services issues**
   
   No issues reported.

**NHS Lothian**

1) **Staffing issues**
   
   No issues reported.

2) **Equipment issues**
   
   No issues reported.

3) **Facilities issues**
   
   No issues reported.

4) **Pathways issues**
   
   No issues reported.

5) **Other general services issues**
   
   No issues reported.

**NHS Orkney**

1) **Staffing issues**
   
   No issues reported.
2) **Equipment issues**
   
   No issues reported.

3) **Facilities issues**
   
   No issues reported.

4) **Pathways issues**
   
   No issues reported.

5) **Other general services issues**
   
   No issues reported.

**NHS Shetland**

1) **Staffing issues**
   
   No issues reported.

2) **Equipment issues**
   
   No issues reported.

3) **Facilities issues**
   
   No issues reported.

4) **Pathways issues**
   
   No issues reported.

5) **Other general services issues**
   
   No issues reported.

**NHS Tayside**

1) **Staffing issues**

   NHS Tayside continues to experience challenges in achieving the standards for Urology Prostate due to only having one surgeon that can perform laparoscopic radical prostatectomy. Radiologist capacity for the Lung MDT is also reduced due to a vacancy

2) **Equipment issues**

   NHS Tayside continues to experience issues due to the out-of-country cyclotron machinery used to produce the isotope required for PET scans and as a result a number of these scans were delayed.

3) **Facilities issues**
No issues reported.

4) Pathways issues
NHS Tayside has gradually increased the number of Lung patients being given SABR treatment, a treatment which takes a significant time to deliver. Additionally sending Lung patients for surgery in adjoining boards continues to cause delays while patients are re-assessed.

5) Other general services issues
No issues reported.

NHS Western Isles
1) Staffing issues
No issues reported.

2) Equipment issues
No issues reported.

3) Facilities issues
No issues reported.

4) Pathways issues
No issues reported.

5) Other general services issues
No issues reported.
### Appendix 3 – Publication Metadata

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Publication title</strong></td>
<td>Cancer Waiting Times in Scotland: January to March 2019.</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>Quarterly update of Cancer Waiting Times statistics for the 62 day standard for patients urgently referred with a suspicion of cancer to first cancer treatment and for the 31 day standard for patients regardless of the route of referral from date decision to treat to first cancer treatment. Includes data presented by NHS Board, Cancer Network and Cancer Type to 31 December 2018.</td>
</tr>
<tr>
<td><strong>Theme</strong></td>
<td>Health and Social Care</td>
</tr>
<tr>
<td><strong>Topic</strong></td>
<td>Service Access</td>
</tr>
<tr>
<td><strong>Format</strong></td>
<td>Excel workbooks and PDF</td>
</tr>
<tr>
<td><strong>Data source(s)</strong></td>
<td>Cancer Waiting Times (CWT) data are collected by cancer trackers and administrative staff (including medical secretaries) across NHSScotland, and are based on locally available information drawn from sources such as patient administrative systems, laboratory systems, and medical records across the country; which are then recorded onto the NHS Boards’ Tracking systems. Data are submitted to ISD on a monthly and quarterly basis, and are validated and loaded onto the Cancer Waiting Times database to allow data interrogation and reporting. Further information can be found on the Background and Data Quality pages of the CWT website.</td>
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<tr>
<td><strong>Date that data are acquired</strong></td>
<td>18 May 2019</td>
</tr>
<tr>
<td><strong>Release date</strong></td>
<td>25 June 2019</td>
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<td><strong>Frequency</strong></td>
<td>Quarterly</td>
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<tr>
<td><strong>Timeframe of data and timeliness</strong></td>
<td>The publication includes data for the last five quarters and covers the time period 1 January 2017 to 31 March 2019.</td>
</tr>
<tr>
<td><strong>Continuity of data</strong></td>
<td>To remain relevant to the changing set of targets (as published in Better Cancer Care - An Action Plan), the cancer waiting times statistics published previously by ISD were replaced with a new series of figures. The first set of these new figures relating to these targets were first published in June 2010. Performance against these targets was achieved by March 2011; the timescale agreed by the Scottish Government. These targets are considered as National Standards from 1st April 2012 and continue to be published on a quarterly basis. When making comparisons across Scotland, it should be noted that some areas reported on contain small numbers. For example, in Island NHS Boards there may be a substantial quarter-on-quarter fluctuation in the percentage of patients that started treatment within 62/31 days, which may represent the pathway of only one or two patients. Due to the effects of small numbers, 90th percentiles have only been calculated where there are forty or more eligible patients within a population.</td>
</tr>
<tr>
<td><strong>Revisions statement</strong></td>
<td>Figures contained within each publication may also be subject to change in future publications. See ISD Statistical Revisions Policy.</td>
</tr>
<tr>
<td><strong>Revisions relevant to this publication</strong></td>
<td>Following the data snapshot, if NHS Boards discover that data submitted for publication is incorrect, or that data is missing, further re-submissions can be made up until the publication submission deadline date. Any revised figures will then be footnoted within the current publication. Figures contained within each publication may also be subject to change in future publications, as submissions may be updated to reflect a more accurate and complete set of data submissions.</td>
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### Detail of revisions to this publication:

No revisions this quarter.

### Concepts and definitions

Performance against the targets set out in *Better Cancer Care – An Action Plan* was achieved by March 2011; the timescale agreed by the Scottish Government. These targets are considered as National Standards from 1st April 2012 and continue to be published on a quarterly basis. The cancer waiting times standards are applicable to adult (over 16 at date of diagnosis) NHSScotland patients with a newly diagnosed primary cancer. To be included, the cancer type must fit into one of the listed cancer types in the Cancer Waiting Times Data and Definitions Manual. This manual, and further information, is available within the Guidance section of the website.

### Relevance and key uses of the statistics

The CWT team, within ISD, works in partnership with the SG Cancer Performance Support Team and NHS Boards to measure NHSScotland’s performance against current Cancer Waiting Times Standards. Other uses of the data include: support of NHS Boards, researchers, charities, media, and public, and to fulfil Freedom of Information requests and Parliamentary Questions.

### Accuracy

The quality of these statistics is considered fit for publication; data quality aspects are described within each publication. Fitness for publication exercises have been carried out by ISD for the 62 day performance and have shown that completeness of the 62 day cohort is within an acceptable range and is fit for publication. Details of all FFP exercises can be found here. Case ascertainment is assessed each quarter for the 31 day standard. The latest figures can be found within Tables 1 in the list of tables above.

ISD regularly carries out data quality exercises to ensure that data is recorded in an accurate and consistent manner across NHSScotland. Information on these exercises can be found on the [Data Quality](#) section of the website. In early 2012, ISD Cancer Waiting Times undertook a data quality project to assure that data submitted for Bowel Screening patients is recorded accurately and consistently. A paper highlighting the outcome of this project can be found here.

Responsibility for collating and submitting the data to ISD lies with the NHS Board that received the patient's initial referral to secondary care. Information on data quality, service issues and accuracy specific to this publication can be found in Appendix 2.

The Data Quality Assurance team within ISD carry out data quality exercises on cancer waiting times data. A report of the results from the latest exercise can be found here.

### Completeness

Patients will only be included in the database if they have a valid CHI number.

A patient will be excluded from reporting against the Cancer Waiting Times standards for the following reasons:

1. The patient chooses to have any part of their pathway out with NHSScotland. If this is before the decision to treat, they will be excluded from the 62 day standard; if after the decision to treat, they will be excluded from both standards.
2. The patient died before treatment
3. The patient refused all treatment
4. The patient was deemed a clinically complex case by the lead cancer clinician of the responsible NHS Board
Comparability

Links to Cancer waiting time information published in England, Wales and Northern Ireland can be found below. There will be differences in the measures used and collection methods of cancer waiting times statistics, as well as differences in service structures between the administrations. Users need to carefully read the publications when making comparisons. Each of the four countries has measures for 62 and 31 days, however, the inclusion criteria, start/stop dates and cancer types included are not consistent across all 4 countries.

England:

Northern Ireland:
https://www.health-ni.gov.uk/articles/cancer-waiting-times

Wales:

Health waiting time statistics – technical differences between the four UK countries.
Statisticians in all four home nations have collaborated as part of the ‘UK Comparative Waiting Times Group’. The aim of the group is to look across published health statistics, in particular waiting times, and compile a comparison of (i) what is measured in each country, (ii) how the statistics are similar and (iii) where they have key differences.
https://gss.civilservice.gov.uk/health-waiting-time-statistics/

Accessibility

It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.

Coherence and clarity

Statistics are presented within Excel spreadsheets and PDF. Performance data are reported on a national, NHS Board and Regional Cancer Network level, broken down by cancer type and quarter. Distribution of waits data are reported on a National level by cancer type and quarter. Exclusions and Adjustments are reported for All Cancer Types at national, NHS Board and Regional Cancer Network level, broken down by quarter.

Further features to aid clarity:
1. Performance data, Distribution of Waits, and Exclusions and Adjustments are available in separate tables to enable users to select a single measure for analysis.
2. All tables are printer friendly.
3. All Scotland and All Cancer Types data for the latest quarter are presented first, with the option to view spreadsheets down to Board, Cancer Type level by quarter.
4. Key data presented graphically.
5. Tables use drop down menus to display data by a single Board, Regional Cancer Network, Quarter and Cancer Type.

Value type and unit of measurement

Distribution of waits (%) for NHS Scotland and all Cancer Types combined. Distribution of waits (%) for NHS Scotland by Cancer Type. Number of eligible referrals, number and percentage of eligible referrals that started treatment within 62/31 days, Maximum Wait (Days), Median Wait (Days), 90th Percentile (Days) for NHS Scotland, NHS Board and Regional Cancer Network. Trends in performance for all Cancer Types combined at NHS Scotland, NHS Board and Regional Cancer Network level. Total number
of referrals submitted, number and % of exclusions, number of patient and medical delays, median waiting time adjustment (days) for patient and medical delays; at NHSScotland, NHS Board and Regional Cancer Network level for all cancer types combined.

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<th>Disclosure</th>
<th>The ISD protocol on Statistical Disclosure Protocol is followed.</th>
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<td>Official Statistics designation</td>
<td>These statistics are classed as national statistics.</td>
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<tr>
<td>UK Statistics Authority Assessment</td>
<td>Assessed by UK Statistics Authority as part of the Statistics on NHS Waiting Times in Scotland report.</td>
</tr>
<tr>
<td>Last published</td>
<td>26 March 2019</td>
</tr>
<tr>
<td>Next published</td>
<td>24 September 2019</td>
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Appendix 3 – Early access details

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD is obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:
Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads
Appendix 4 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of ‘Official Statistics’. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD’s statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD’s statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the ISD website.